

Throughout July, though, Senators should expect to be here on Mondays and on Fridays. I expect that we will be in 6 or 7 hours each Monday; that we will have night sessions every night; that we will be in usually 12 hours a day Tuesdays, Wednesdays and Thursdays; and I will be trying to schedule bills and votes into the night Tuesdays, Wednesdays, and Thursdays so that we can move several appropriations bills and some of the bills I have mentioned here.

We have a number of other important issues—product liability, bankruptcy, the credit union bill. We have a lot of work to do, so what I will try to do is dual-track some of these, with appropriations bills being on the floor almost every day and then maybe work at night on other issues.

For instance, it is my intention to have the conference report on the IRS restructuring probably the Tuesday or Wednesday night that we come back. We may actually have a final vote on it the next morning. But in order to get our work done, Senators should expect that I will schedule votes around 9 o'clock every Tuesday, Wednesday, and Thursday.

I have really bent over backwards to be helpful to the Senate, to try to be considerate of their family needs, but it seems that we have not gotten reciprocation from Senators, frankly, on either side. The number of amendments is totally out of control. Every bill now has 100 amendments. If Senators can't learn to be serious, only have major amendments, cut the debate time, if we do not get cooperation on both sides of the aisle, then I have no alternative but to start having what would be called "bed check" votes. If we get our work done, we will not go late. If we do not, we will be here until 9 and 10 o'clock every night in July.

So Senators need to prepare for that, and then we won't surprise anybody. But that is the schedule we have to work in order to get six or eight appropriations bills done in July, and maybe more, if we can, and other important authorizations that have to be done. I know that is good news for one and all, and now morning business is in order.

I yield the floor.

#### RESERVATION OF LEADER TIME

The PRESIDING OFFICER (Mr. ALLARD). Under the previous order, leadership time is reserved.

#### MORNING BUSINESS

The PRESIDING OFFICER. Under the previous order, there will now be a period for morning business not to extend beyond the hour of 10:10 a.m., with Senators permitted to speak therein for up to 5 minutes each. Under the previous order, the Senator from Ohio, Mr. DEWINE, is recognized to speak up to 10 minutes.

The Senator from Ohio.

#### PRIVILEGE OF THE FLOOR

Mr. DEWINE. Mr. President, let me first ask unanimous consent that the privilege of the floor be granted to a member of my staff, Terrence O'Donnell, for the remainder of the day.

The PRESIDING OFFICER. Without objection, it is so ordered;

Mr. DEWINE addressed the Chair.

The PRESIDING OFFICER. The Senator from Ohio is recognized.

Mr. DEWINE. I thank the Chair.

(The remarks of Mr. DEWINE pertaining to the introduction of S. 2242 are located in today's RECORD under "Statements on Introduced Bills and Joint Resolutions.")

Mr. DORGAN addressed the Chair.

The PRESIDING OFFICER. The Senator from North Dakota.

Mr. DORGAN. Mr. President, am I correct, the Senate is in morning business?

The PRESIDING OFFICER. The Senator is correct. The Senator is recognized for 10 minutes.

#### PATIENTS' BILL OF RIGHTS

Mr. DORGAN. Mr. President, it is my hope and the hope of many of my colleagues, that, when we return following the Independence Day break, we will take up a piece of legislation called the Patients' Bill of Rights.

We have, over many weeks, come to the floor of the Senate to talk about cases around the country that illustrate the critical need for us to do something about a health care system that has increasingly herded people into managed care plans in which profit and loss, or the bottom line, becomes more important than a person's health care needs. That is why the American Medical Association and many others support the Patients' Bill of Rights that we have introduced. My fervent hope is that the Congress and the Senate will find time to address this issue in July.

Let me talk just for a moment about a woman, Phyllis Cannon from Newcastle, OK. In September of 1991, Phyllis Cannon was diagnosed with acute myeloblastic leukemia. She underwent a regimen of chemotherapy, which her HMO did pay for, and her leukemia went into remission. But her doctor, her oncologist, fearing that her cancer would again surface, recommended that she undergo an analogous bone marrow transplant. However, her HMO contended that this procedure was still experimental for first remission patients, and it refused to pay for the bone marrow transplant, even though a bone marrow transplant procedure was covered under the terms of her plan.

Phyllis Cannon's oncologist fought vigorously for this procedure. He supplied the HMO with the latest medical literature on the procedure, knowing that an urgent transplant was critical for Phyllis' health. But, once again, the HMO denied coverage. Phyllis, her

husband Jerry, and the doctor continued to fight, and finally, after another month had passed, the HMO relented and said it would pay for the bone marrow transplant.

But the HMO officials, once they had agreed to cover the transplant, didn't notify Phyllis of the decision until a month later, and by then it was too late. The leukemia had returned, and Phyllis died 6 weeks later.

Because Phyllis received her health care coverage from her employer, her HMO was protected under a law called ERISA. Employer-sponsored plans, like the one covering Phyllis, are governed by ERISA, which gives HMOs immunity from the harmful effects their decisions might have. So, for Jerry Cannon, ERISA left him no chance to hold the HMO accountable for its decision which led to his wife's death. And this story, one more story, of Phyllis Cannon, demonstrates the need for a Patients' Bill of Rights.

Increasingly, as health care becomes more a function of profit and loss, it is straying from the central purpose of health care.

Let me share with my colleague what Phyllis' husband Jerry said. This is a picture of Jerry holding a photograph of his wife.

[Telling my wife that the HMO was not going to provide the transplant she needed] just devastated her. She gave up after that. Oh, it was horrible. Once I got off the phone, I could see all hope leave her.

This is just one person, one person among thousands and tens of thousand in this country who now fear a health care system in which they are herded into this big chute called HMOs or managed care, and some insurance company accountant in a back room 500 miles away will make a decision about whether a medical procedure is covered. And when they make a mistake in that back room of the insurance office, no one can hold them accountable. If the doctor makes a mistake, that doctor is accountable. But the health care plan has no accountability.

In fact, they have special protection under the law. We suggest as the remedy a Patients' Bill of Rights supported by the President, by the American Medical Association, and by a vast array of groups around this country that represent patients.

Let me describe one more time, as I have before when I have come to the floor to talk about this issue, why the American people are demanding we do something about this problem.

There was a story in the paper several months ago about a woman who was injured quite severely by a fall from a horse. Her brain was swelling, and bystanders called an ambulance to take her to the hospital. While this woman was in the ambulance, with her brain swelling, she said, "I don't want to go to hospital X," which was the nearest hospital. "I want you to take me to hospital Y," which was further away.